

**COMMUNICATIONS SERVICES TAX  
REGISTRATION CHANGE REQUEST**

After completing the applicable section below, detach this form from the booklet and remit to address at the bottom of page.

**CHANGE FROM:**

**COMPANY/RETAILER**

COMPANY/RETAILER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	
<b>CHANGE TO:</b>	
COMPANY/RETAILER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

**CHANGE FROM:**

**AGENT MAILING ADDRESS**

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	
<b>CHANGE TO:</b>	
AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

**COMPANY/RETAILER NAME CHANGE OR ENTITY CHANGE**

CHANGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMMUNICATIONS SERVICES TAX REGISTRATION NUMBER: \_\_\_\_\_

FOR DRA USE ONLY

I understand a return must be filed for each month, even though there may be no tax due.

SIGNATURE (IN INK) OF RETAILER (PROPRIETOR, PARTNER OR CORPORATE OFFICER) \_\_\_\_\_

DATE \_\_\_\_\_

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION  
AUDIT DIVISION  
PO BOX 457  
CONCORD NH 03302-0457